



PTO/SB/122 (09-04)

Approved for use through 7/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                   |
|---|----------------------|-------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 09/715,552        |
|   | Filing Date          | November 17, 2000 |
|   | First Named Inventor | Bhaskar Ghosh     |
|   | Art Unit             | 2194              |
|   | Examiner Name        | Zhen, L.          |
|   | Attorney Docket No.  | 50277-0406        |

Please change the Correspondence Address for the above-identified application to:

|                                       |   |       |
|---------------------------------------|---|-------|
| <input checked="" type="checkbox"/> x | The address associated with<br>Customer Number: | 42425 |
|---------------------------------------|---|-------|

OR

|   |  |       |     |     |  |
|---|--|-------|-----|-----|--|
| <input type="checkbox"/> Firm or<br>Individual Name |  |       |     |     |  |
| Address   |  |       |     |     |  |
| City  |  | State |     | Zip |  |
| Country   |  |       |     |     |  |
| Telephone   |  |       | Fax |     |  |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ x Attorney or Agent of record. Registration Number 42,656
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

|                          |                         |                          |
|--------------------------|-------------------------|--------------------------|
| Typed or Printed<br>Name | John D. Henkhaus        |                          |
| Signature                | <i>John D. Henkhaus</i> |                          |
| Date                     | <i>7/25/05</i>          | Telephone (408) 414-1080 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

|                                       |   |
|---------------------------------------|---|
| <input checked="" type="checkbox"/> x | *Total of <u>1</u> forms are submitted. |
|---------------------------------------|---|